

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter which is claimed and for which a patent is sought on the invention entitled

WIRELESS TRANSMITTER-RECEIVER SET FOR MOBILE PHONE

the specification is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed

Prior Foreign Application(s)	<u>Priority Claimed</u>	
(Number)	(Country)	(Day/Month/Year Filed) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Rudolf E. Hutz, Reg. No. 22,397; Harold Pezzner, Reg. No. 22,112; Richard M. Beck, Reg. No. 22,580; Paul E. Crawford, Reg. No. 24,397; Thomas M. Meshbesher, Reg. No. 25,083; Patricia Smink Rogowski, Reg. No. 33,791; Robert G. McMorrow, Jr., Reg. No. 30,962; Ashley L. Pezzner, Reg. No. 35,646; William E. McShane, Reg. No. 32,707; Mary W. Bourke, Reg. No. 30,982; Gerard M. O'Rourke, Reg. No. 39,794; Allan N. Kitzmiller, Reg. No. 38,945; James M. Olsen, Reg. No. 40,408; Francis DiGiovanni, Reg. No. 37,310; Frank Z. Yang, Reg. No. 35,417; and Eric J. Evans, Reg. No. 42,517, all of P.O. Box 2207, Wilmington, Delaware 19899-2007, my attorneys with full power of substitution and revocation.

Send Correspondence To: Connolly Bove Lodge & Hutz LLP P.O. Box 2207 Wilmington, Delaware 19899-2207		Direct Telephone Calls To: (302) 658-9141
FULL NAME OF SOLE OR FIRST INVENTOR LI - TUNG, CHANG	INVENTOR'S SIGNATURE 	DATE November 20, 2001
RESIDENCE TAIPEI, TAIWAN, R.O.C.		CITIZENSHIP TAIWAN, R.O.C.
POST OFFICE ADDRESS 5F, NO. 132, LI TE STREET, CHUNG HO CITY, TAIPEI, TAIWAN, R.O.C.		
FULL NAME OF SECOND JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		